

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/ 590313 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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25	3					
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35						
36						
37						
38						
39						
40	1		1			
41						
42						
43						
44						
45	1		1			
46						
47						
48	1					
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←	42	←		←	
TOTAL CLAIMS			46			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓				↓
TOTAL DEP.	←		←		←	←
TOTAL CLAIMS						